



CONTRACT OPERATOR FORM

OPERATORS NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NO.: _____ WORK _____ HOME _____

PLEASE INDICATE BELOW WHICH FACILITY THE CONTRACT OPERATOR WILL BE WORKING:

NAME OF WATER SUPPLY SYSTEM: _____

NAME OF WASTEWATER TREATMENT FACILITY: _____

DESIGNATED OFFICIAL REPRESENTING FACILITY*

DATE

OPERATOR SIGNATURE

DATE

***Rural Water District - Chairman or Board Member**

***City - Mayor or City Council**

***Commercial Facilities - Owner**

Please return completed form to:

Teresa Schuyler

Kansas Department of Health & Environment

Bureau of Water-Technical Services Section

1000 SW Jackson St., Suite 420

Topeka, KS 66612-1367

785.296.5511